

EFFECTIVE DATE
01-28-01

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

173 NAC 1

TITLE 173 COMMUNICABLE DISEASES

CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES

Alphabetical Table of Contents

<u>SUBJECT</u>	<u>STATUTORY AUTHORITY</u>	<u>CODE SECTION</u>
CONTROL MEASURES FOR COMMUNICABLE DISEASES	71-502	1-006
METHODS OF REPORTING	71-502 71-502.04 71-503 71-532	1-004
RABIES	71-502	1-007
REPORTABLE DISEASES, POISONINGS AND ORGANISMS: LISTS AND FREQUENCY OF REPORTS	71-502 71-502.04 71-503 71-532	1-003
SCOPE AND AUTHORITY	71-501 to 71-514.05, 71-531 to 71-538 71-1626	1-001
SEXUALLY TRANSMITTED DISEASES	71-502.01 71-502.02	1-008
SIGNIFICANT EXPOSURE TO INFECTIOUS DISEASE OR CONDITION	71-507 71-508 71-514.02	1-009
WHERE TO REPORT	71-502 71-1626	1-005
WHO REPORTS	71-502 71-502.04 71-503	1-002
Attachment A:	REPORTABLE DISEASES, POISONINGS AND ORGANISMS Health Care Provider Confidential Communication	
Attachment B:	Laboratory Summary of Reportable Diseases, Poisonings and Organisms	

EFFECTIVE DATE
01-28-01

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

173 NAC 1

- Attachment C: ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)
- Attachment D: PEDIATRIC HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients < 13 years of age at time of diagnosis)
- Attachment E: Antimicrobial Resistance Surveillance
Form ARS-1 (Laboratory-based Surveillance)
- Attachment F: EMERGENCY SERVICES PROVIDER (ESP) SIGNIFICANT EXPOSURE REPORT
FORM

EFFECTIVE DATE
01-28-01

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

173 NAC 1

TITLE 173 COMMUNICABLE DISEASES

CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES

1-001 SCOPE AND AUTHORITY: These regulations apply to the content, control and reporting of communicable diseases, poisonings and organisms pursuant to the provisions of Neb. Rev. Stat. Sections 71-501 to 71-514.05, 71-531 to 71-538 and 71-1626.

1-002 WHO REPORTS:

1-002.01 Health Care Providers: Physicians and hospitals shall make reports of communicable diseases and poisonings as described in 173 NAC 1-003, 173 NAC 1-004.01 and 173 NAC 1-005; unless a report is made under 172 NAC 1-002.01A or 1-002.01B.

1-002.01A Reporting by Physician Assistants, Advanced Practice Registered Nurses, and Certified Nurse Midwives: A physician assistant, advanced practice registered nurse, or certified nurse midwife may make any of the reports of communicable diseases or poisoning required by 173 NAC 1 in lieu of the physician making the report.

1-002.01B Reporting Lead Analysis: If a laboratory performing lead analysis provides a report containing the required information to the department, the physician and hospital are exempt from 173 NAC 1-002.01.

1-002.02 Laboratories: Laboratories shall make reports as described in 173 NAC 1-003, 173 NAC 1-004.02 and 173 NAC 1-005.

1-003 REPORTABLE DISEASES, POISONINGS AND ORGANISMS: LISTS AND FREQUENCY OF REPORTS: The following diseases, poisonings and organisms are declared to be communicable or dangerous or both to the public. Incidents of diseases, poisonings and organisms shall be reported as described in 173 NAC 1-003.01 through 003.03, 173 NAC 1-004 and 173 NAC 1-005.

1-003.01 Immediate Reports:

1-003.01A The following diseases, poisonings and organisms shall be reported immediately:

Anthrax (*Bacillus anthracis*);*
Botulism (*Clostridium botulinum*);*
Brucellosis (*Brucella* species);*
Cholera (*Vibrio cholerae*);
Diphtheria (*Corynebacterium diphtheriae*);
Food-poisoning, outbreak-associated;
Glanders [*Burkholderia (Pseudomonas) mallei*];*
Haemophilus influenzae infection (invasive disease only);
Hemolytic uremic syndrome (post-diarrheal illness);
Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak);

Maarburg virus;*
Measles (Rubeola);
Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*];*
Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*);
Meningococcemia (*Neisseria meningitidis*);
Pertussis/whooping cough (*Bordetella pertussis*);
Plague (*Yersinia pestis*);*
Poliomyelitis;
Q fever (*Coxiella burnetii*);*
Rabies, (human and animal cases and suspects);
Rubella and congenital rubella syndrome;
Smallpox;*
Staphylococcal enterotoxin B intoxication;*
Staphylococcus aureus, vancomycin-intermediate/resistant (MIC>4µg/mL);
Tularemia (*Francisella tularensis*);*
Typhus Fever, louse-borne (*Rickettsia prowazekii*) and
flea-borne/endemic murine (*Rickettsia typhi*);
Venezuelan equine encephalitis;*
Yellow Fever.
(*Potential agents of bioterrorism)

1-003-01B Clusters, Outbreaks or Unusual Events, Including Possible Bioterroristic Attacks*: Clusters, outbreaks or epidemics of any health problem, infectious or other, including food poisoning, influenza or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; any unusual disease or manifestations of illness.

1-003.02 Reports Within Seven Days: The following diseases, poisonings and organisms shall be reported within seven days of detection or diagnosis:

Acquired Immunodeficiency Syndrome (AIDS), as described in 1-004.01C2 and 1-004.02C1;
Amebiasis (*Entamoeba histolytica*);
Babesiosis (*Babesia* species);
Campylobacteriosis (*Campylobacter* species);
Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia);
Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy);
Cryptosporidiosis (*Cryptosporidium parvum*);
Dengue virus infection;
Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*);
Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*);
Encephalitis (caused by viral agents);
Escherichia coli gastroenteritis (*E. coli* O157-H7 and other pathogenic *E. coli* from gastrointestinal infection);
Giardiasis (*Giardia lamblia*);
Gonorrhea (*Neisseria gonorrhoeae*): venereal infection and ophthalmia neonatorum;

Hantavirus infection;
Hepatitis B [surface antigen or IgM core antibody positive; for laboratories doing confirmatory tests (e.g., blood banks), results of confirmatory tests for surface antigen or core antibody supersede results of screening tests];
Hepatitis C (requires a positive serologic test; when a confirmatory test is done, the results of the confirmatory test supersede results of the screening test);
Hepatitis D and E;
Herpes simplex, primary genital infection and neonatal, less than 30 days of age;
Human Immunodeficiency Virus infection, as described in 1-004.01C2 and 1-004.02C1;
Immunosuppression as described in 1-004.02C1, e;
Influenza (DFA positive or culture confirmed);
Kawasaki disease (mucocutaneous lymph node syndrome);
Lead poisoning (all analytical values for blood lead analysis shall be reported);
Legionellosis (*Legionella* species);
Leprosy (*Mycobacterium leprae*);
Leptospirosis (*Leptospira interrogans*);
Listeriosis (*Listeria monocytogenes*);
Lyme disease (*Borrelia burgdorferi*);
Malaria (*Plasmodium* species);
Meningitis, viral or caused by *Streptococcus pneumoniae*;
Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin);
Mumps;
Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals or mercury;
Psittacosis (*Chlamydia psittaci*);
Retrovirus infections (other than HIV);
Rheumatic fever, acute (cases meeting the Jones criteria only);
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*);
Salmonellosis, including typhoid (*Salmonella* species);
Shiga toxin, resulting in gastroenteritis;
Shigellosis (*Shigella* species);
Streptococcal disease (all invasive disease caused by Groups A and B streptococci and *Streptococcus pneumoniae*);
Syphilis (*Treponema pallidum*);
Syphilis, congenital;
Tetanus (*Clostridium tetani*);
Toxic Shock Syndrome;
Trichinosis (*Trichinella spiralis*);
Tuberculosis (*Mycobacterium tuberculosis* and human cases of *Mycobacterium bovis*);
Yersiniosis (*Yersinia* species).

1-003.03 Reports Once A Month: The following antibiotic resistant organisms will be reported monthly by tabular summary.

Enterococcus spp., vancomycin-resistant (MIC \geq 32 μ g/mL and/or resistant by disk diffusion) and intermediate (MIC=8-16 μ g/mL);
Staphylococcus aureus, methicillin-resistant (MIC \geq 4 μ g/mL and/or resistant by disk diffusion);
Staphylococcus aureus, vancomycin-intermediate/resistant (MIC \geq 4 μ g/mL);
Streptococcus pneumoniae, penicillin-intermediate (MIC=0.12-1.0 μ g/mL) and penicillin-resistant (MIC \geq 2.0 μ g/mL).

1-004 METHODS OF REPORTING:

1-004.01 Health Care Providers:

1-004.01A Immediate Reports of Diseases, Poisonings and Organisms: Health care providers shall make immediate reports of diseases, poisonings and organisms, listed in 173 NAC 1-003.01A, by telephone, facsimile or other secure electronic mail system within 24 hours of diagnosis or detection. Reports will be submitted on or include the same information as Attachment A, attached hereto and incorporated in these regulations by this reference. See 173 NAC 1-005 Where to Report.

1-004.01B Immediate Reports of Clusters, Outbreaks or Unusual Events, Including Possible Bioterroristic Attacks: When diagnosed or detected, health care providers shall make immediate reports by telephone, facsimile or other secure electronic mail system, information relating to clusters, outbreaks or epidemics of any health problem, infectious or other, including food poisoning, influenza or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; any unusual disease or manifestations of illness. Reports should include the names, addresses, and telephone numbers of cases, times of onsets of symptoms, and modes of transmission, if known. See 173 NAC 1-005 Where to Report.

1-004.01C Reports Within Seven Days: Health care providers shall make reports of diseases, poisonings and organisms, listed in 173 NAC 1-003.02, within seven days of diagnosis or detection.

1-004.01C1 Except for lead analysis and AIDS and HIV disease, reports can be made by postal service, telephone, facsimile or other secure electronic mail system, submitted on or including the same information as Attachment A. Health care providers shall report AIDS and HIV as described in 1-004.01C2 and report lead analysis as described in 1-004.01C3. See 173 NAC 1-005 Where to Report.

1-004.01C2 Reporting HIV Disease and AIDS: Health care providers shall make HIV disease and AIDS reports by postal service or telephone. Adult cases of AIDS and HIV disease (patients \geq 13 years of age at time of diagnosis) shall be submitted on or include the same information as Attachment C, attached hereto and incorporated in these regulations by this reference. Pediatric cases of AIDS and HIV disease (patients <13 years of age at time of diagnosis) and perinatally exposed HIV cases shall be submitted on or include the same information as Attachment D,

attached hereto and incorporated in these regulations by this reference. AIDS and HIV case reports are required from health care providers responsible for:

1. Treating or diagnosing a person with HIV-1 or HIV-2 disease, based on the laboratory tests listed in 173 NAC 1-004.02C1 items 1. a–e, as being definitive for HIV infection, or based on clinical criteria, as outlined in the National Centers for Disease Control's (CDC) most recent case definition for HIV; or
2. Treating or diagnosing a person with AIDS as outlined in CDC's most recent case definition for AIDS, or
3. Providing medical care to a pregnant woman with HIV disease, or
4. Providing medical care to a baby under 19 months of age born to a woman with HIV disease (perinatally HIV exposed). The diagnosis of HIV infection or determination of noninfection is determined by CDC's most recent case definition for HIV.

1-004.01C3 Reporting Lead Analysis: Health care providers shall report the following information to the department: the date of sample collection and analysis; whether the sample is a capillary or venous blood sample; the date of birth, address, and sex of the patient; and the name and address of the physician. Race and ethnicity of the patient should be reported if known.

1-004.02 Laboratories:

1-004.02A Immediate Reports of Diseases, Poisonings and Organisms: Laboratories shall make immediate reports of diseases, poisonings and organisms, listed in 173 NAC 1-003.01A, by telephone, facsimile or other secure electronic mail system within 24 hours of diagnosis or detection. Reports will be submitted on or include the same information as Attachment B, attached hereto and incorporated in these regulations by this reference. See 173 NAC 1-005 Where to Report.

1-004.02B Immediate Reports of Clusters, Outbreaks or Unusual Events, Including Possible Bioterroristic Attacks: When diagnosed or detected, laboratories shall make immediate reports by telephone, facsimile or other secure electronic mail system, information relating to clusters, outbreaks or epidemics of any health problem, infectious or other, including food poisoning, influenza or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; any unusual disease or manifestations of illness. Reports should include the dates and results of the tests performed, the names (and when available, the ages) of the persons from whom the specimens were obtained, and the names and addresses of the physicians for whom such examinations or tests were performed.

1-004.02C Reports Within Seven Days: Laboratories shall make reports of diseases, poisonings and organisms diagnosed or detected, listed in 173 NAC 1-003.01B, collected

during one calendar week. Reports will be submitted no later than the following Tuesday and submitted on or include the same information as Attachment B. Laboratories shall make reports by postal service, telephone, facsimile or other secure electronic mail system.

1-004.02C1 For the purposes of reporting AIDS and HIV, the laboratory reporting requirement applies as follows:

1. A laboratory analyzing samples for any of the tests as listed below, shall report all of the following results:
 - a. A positive result on a confirmatory test for HIV antibody (e.g. Western blot or immunofluorescence antibody test, usually preceded by a positive screening test for HIV antibody, e.g. repeatedly reactive enzyme immunoassay);
 - b. An indeterminate result on a confirmatory test for HIV antibody (e.g. Western blot or immunofluorescence antibody test, usually preceded by a positive screening test for HIV antibody, e.g. repeatedly reactive enzyme immunoassay);
 - c. Quantitative HIV RNA, detectable or below detectable level;
 - d. Positive result on any of the following HIV virologic tests:
 - (1) Qualitative HIV nucleic acid (DNA or RNA) detection [e.g. DNA polymerase chain reaction (PCR)];
 - (2) HIV p24 antigen test, including neutralization assay;
 - (3) HIV isolation (viral culture).
 - e. CD4 counts less than 800 per microliter (report CD4 percentage if available).

1-004.02C2 Reporting Lead Analysis: Laboratories shall report the following information to the department: the date of sample collection and analysis; whether the sample is a capillary or venous blood sample; the date of birth, address, and sex of the patient; and the name and address of the physician. Race and ethnicity of the patient should be reported if known.

1-004.02D Reports once a month: Laboratories shall submit monthly tabular summaries of antibiotic resistant organisms, listed in 173 NAC 1-003.03. Reports should be submitted no later than one week after the end of the reporting month. Reports shall be submitted by postal service, telephone, facsimile or other secure electronic mail system. Reports will be submitted on or include the same information as Attachment E, attached hereto and incorporated in these regulations by this reference. See 173 NAC 1-005 Where to Report.

1-004.03 When health care providers and laboratories do not have complete information, as shown on Attachments A, B, C, D or E or as required regarding lead analysis, the designated official from the official local health department or Nebraska Department of Health and Human Services Regulation and Licensure may contact the health care provider or laboratory to obtain the missing information.

1-005 WHERE TO REPORT:

1-005.01 CASES REPORTED BY HEALTH CARE PROVIDERS AND LABORATORIES: Except as stated for AIDS and HIV reporting in 173 NAC 1-005.01A, reports are to be made to the local health department if the area is served by an approved local full-time health service as defined in Neb. Rev. Stat. Section 71-1626, and where the health director of the service has specified this method of reporting. In all other areas, the reports are to be made directly to the Nebraska Department of Health and Human Services Regulation and Licensure.

1-005.01A HIV/AIDS Cases Reported by Health Care Providers and Laboratories: To report an AIDS or HIV case in Douglas or Lancaster County, mail the report form (Attachment C or D) to or contact the local agency listed below, based upon the county in which the health care practitioner or laboratory is located. In all other areas, the reports are to be made to the Surveillance staff at the Nebraska Department of Health and Human Services Regulation and Licensure, HIV/AIDS Program:

Douglas County

Epidemiologist
Douglas County Health Department
1819 Farnam Street – Room 401
Omaha, NE 68183-0401
402/444-7214

Lancaster County

Communicable Disease Coordinator
Lincoln-Lancaster County Health Department
3140 "N" Street
Lincoln, NE 68510-1514
402/441-8053

Nebraska Department of Health and Human Services Regulation and Licensure

HIV/AIDS Surveillance Staff
Communicable Disease
Nebraska Department of Health and Human Services Regulation and Licensure
P.O. Box 95007
Lincoln, NE 68509-5007
402/471-2937

1-005.02 DUTIES OF LOCAL FULL-TIME PUBLIC HEALTH SERVICE TO REPORT TO THE DEPARTMENT: It shall be the duty of the approved local full-time public health service to report all cases of reportable diseases, poisonings and organisms that occurred within the most recent reporting period in the jurisdictional area of the respective service when the local director has specified that such diseases be reported to the local service.

1-005.02A Immediate Reports: The approved local full-time public health service shall make immediate reports of diseases, poisonings and organisms, listed in 173 NAC 1-003.01, to Nebraska Department of Health and Human Services Regulation and Licensure. Reports will be made by the health director or authorized representative of the

respective service by telephone, facsimile or other secure electronic mail system within 24 hours of diagnosis or detection. Reports will be submitted on or include the same information as Attachments A and B.

1-005.02B Reports Within Seven Days: The approved local full-time public health service shall make reports of diseases, poisonings and organisms, listed in 173 NAC 1-003.02, to Nebraska Department of Health and Human Services Regulation and Licensure. Reports will be made by postal service, telephone, facsimile or other secure electronic mail system within seven days of diagnosis or detection. Reports will be made by the health director or authorized representative of the respective service, no later than Friday of each week. Reports will be submitted on or include the same information as Attachments A, B, C and D.

1-005.02C Reports once a month: The approved local full-time public health service shall make tabular reports of antibiotic resistant organisms, listed in 173 NAC 1-003.03, to Nebraska Department of Health and Human Services Regulation and Licensure. Reports will be made by postal service, telephone, facsimile or other secure electronic mail system. Reports will be made by the health director or authorized representative of the respective service, no later than the fifteenth day of the month following the reporting period. Reports will be submitted on or include the same information as Attachment E.

1-006 CONTROL MEASURES FOR COMMUNICABLE DISEASES: For the information of the public, the latest editions of these publications are used as a reference by the Nebraska Department of Health and Human Services Regulation and Licensure, approved local full-time public health service and physicians in the control of communicable diseases: "Control of Communicable Diseases Manual", published by the American Public Health Association, 800 I Street NW, Washington, D.C. 20001-3710 and disease-specific recommendations of the Centers for Disease Control and Prevention, United States Department of Health and Human Services, as printed in the "Morbidity and Mortality Weekly Report."

1-006.01 Isolation: The health care provider attending a case or suspected case of a disease requiring isolation (or, in the absence of a health care provider, the director of the approved local full-time public health service or Nebraska Department of Health and Human Services Regulation and Licensure) shall make certain that isolation precautions are taken to prevent spread of disease to others.

1-006.02 Report of Noncompliance: Health care providers shall report immediately to the director of the Nebraska Department of Health and Human Services Regulation and Licensure or approved local full-time public health service, the name, address, and other pertinent information for all individuals with diseases requiring isolation who refuse to comply with prescribed isolation precautions.

1-006.03 Partner Identification and Notification:

1-006.03A In order to protect the public's health, when an individual is tested and found to have HIV disease or AIDS, the Nebraska Department of Health and Human Services Regulation and Licensure or approved local full-time public health service shall conduct partner notification activities as outlined in Nebraska Department of Health and Human

Services Regulation and Licensure or approved local full-time public health service protocol.

1-006.03B "Partner" is defined as any individual, including a spouse, who has shared needles, syringes or drug paraphernalia or who has had sexual contact with an HIV-infected individual. "Spouse" is defined as any individual who is the marriage partner of that person at any time within the ten-year period prior to the diagnosis of HIV disease.

1-007 RABIES: Cases of human and animal rabies are reportable under 173 NAC 1-003.01. Rabies control is governed by Neb. Rev. Stat. Sections 71-4401 to 71-4412 and Rules and Regulations Governing Rabies Control, Title 173, NAC 5. Copies of these rules and regulations are available from the Nebraska Department of Health and Human Services Regulation and Licensure, Communicable Disease.

1-007.01 In a case where a human has been bitten by one of the following animals, health care providers shall notify immediately the local rabies control authority, which includes county, township, city or village health and law enforcement officials, to oversee the seizure of the animal:

1. Species amenable to rabies protection by immunization: dogs, cats, ferrets, cattle, horses, and sheep.
2. Species not amenable to rabies protection by immunization:
 - a. Carnivorous: skunks, raccoons, foxes, coyotes, bobcats, bats, and hybrids (offspring of wild species bred with domestic dogs or cats).
 - b. Non-Carnivorous: Regard these animals as rabid unless negative by the Direct Fluorescent Antibody laboratory test. This category includes but is not limited to the following species of animals: civet cats, deer, groundhogs, beavers, opossums, and badgers.

1-007.02 In a case where a human has been bitten by other species, including livestock, rodents and lagomorphs, health care providers may call the Nebraska Department of Health and Human Services Regulation and Licensure, Communicable Disease or the approved local full-time public health service.

1-008 SEXUALLY TRANSMITTED DISEASES: For the purpose of implementing Neb. Rev. Stat. Section 71-502.01, sexually transmitted diseases shall include, but not be limited to, the following diseases:

1. Bacterial Vaginosis;
2. Candidiasis;
3. Chancroid;
4. *Chlamydia trachomatis* infection;
5. Gonorrhea;
6. Granuloma inguinale;
7. Hepatitis B;
8. Herpes genital infection;
9. Human Immunodeficiency Virus (HIV) infection;

EFFECTIVE DATE
01-28-01

NEBRASKA HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE

173 NAC 1

10. Human Papillomavirus (HPV) infection;
11. Lymphogranuloma Venereum;
12. Syphilis;
13. Trichomoniasis.

1-009 SIGNIFICANT EXPOSURE TO INFECTIOUS DISEASE OR CONDITION:

1-009.01 Definition: For the purpose of implementing Neb. Rev. Stat. Sections 71-507(5) and 71-514.02(2), infectious disease or condition means:

1. Hepatitis B;
2. Hepatitis C;
3. Meningococcal meningitis;
4. Active pulmonary tuberculosis;
5. Human immunodeficiency virus infection;
6. Diphtheria;
7. Plague;
8. Hemorrhagic fevers; and
9. Rabies.

1-009.02 SIGNIFICANT EXPOSURE REPORT FORM: For the purpose of Neb. Rev. Stat. Section 71-508, the form to be used by the emergency medical services provider to document information necessary for notification of significant exposure to an infectious disease or condition is attached hereto as Attachment F and incorporated in these regulations by this reference as though fully set forth herein. Emergency medical service providers are responsible for reproduction of the form for use in the notification procedure.